

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

**STATEMENT OF INTENTION TO DO
BUSINESS UNDER AN ASSUMED
OR FICTITIOUS NAME**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Limited Liability Partnership)

Pursuant to 31 MRSA §805-A, the undersigned limited liability partnership executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: ("X" one box only.)

☐ assumed name (§805-A.1)

☐ fictitious name (§805-A.2)

The limited liability partnership intends to transact business under the assumed or fictitious name of

Please note: A **fictitious name** is a name adopted by a **foreign limited liability partnership** authorized to transact business in this State because its real name is unavailable pursuant to §803-A.

Complete the following if applicable:

SECOND: If such assumed name is to be used at fewer than all of the limited liability partnership's places of business in this State, the location(s) where it will be used is (are):

☐ Additional locations are attached hereto as Exhibit ____, and made a part hereof.

THIRD: (Foreign Limited Liability Partnership Only)

Jurisdiction of organization _____ and the date on which

the limited liability partnership was authorized to transact business in Maine _____

DATED _____

PARTNER(S)*

(signature)

(type or print name and capacity)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by

- (1) at least one **partner OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**